

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.I.P.E. CLASSIFIER	M.D.	(2	02-27-01
FORMALITY REVIEW	A.S.	943	3-24-1
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

Rejected	N	Non-elected
Allowed	I	Interference
Cancelled	A	Appeal
Restricted	O	Objected

(Through numeral) ...

Claim	Date
Final	
Original	
1	✓ ✓ ✓ ✓ ✓
2	✓ ✓ ✓ ✓ ✓
3	✓ ✓ ✓ ✓ ✓
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6	✓ ✓ N
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10	✓ ✓ ✓
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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